

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	GKLM		09-04-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.T	1071	10/DS/DI
RESPONSE FORMALITY REVIEW	MTB	054	1/15/02

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	1/23/02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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